

CUMIS Insurance Society, Inc. CUMIS Specialty Insurance Company, Inc.

P.O. Box 1221 • 5910 Mineral Point Road Madison, WI 53701-1221 Phone: 800.637.2676 • Fax: 608.231.7900 http://www.cunamutual.com

CLAIM NO.
STATE AND CONTRACT NO.

Important: The person alleging forgery **must** complete this form in longhand.

AFFIDAVIT OF FORGERY

1.	, , , , , , , , , , , , , , , , , , , ,					
	City, State, Zip					
	Phone Number Home ()		
2.	The instrument(s) forged is/are a: (Check the appropriate box)					
	☐ Check	Cash Withdrawal Voucher				
	☐ Share Draft	Loan Note (including Co-maker forgery)				
	Other (specify)					
3.	The instrument(s) is/are dra	Name of Credit Union or Bank awn on				
4.	On the instrument(s) I am na	amed as the: (Check the ag	ppropriate box)			
	Payee/Endorser (on bad	Payee/Endorser (on back of check/share draft or bottom of withdrawal voucher)				
	Maker (on note or face		,	,		
	Co-maker (on a loan)	,				
5.	This signature for each instrument(s) listed below and attached to this affidavit is not written nor authorized by me and s a forgery:					
	Date	Inst	trument Number	Dollar Amount		
	a)					
	c)					
	(If more space is required, use a separate sheet)					
6.	did not receive any part of the proceeds of the instrument(s) listed above. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery.					
7.	Do you know who forged you this page.	I know who forged your signatures? \square Yes \square No If yes, provide details on a separate page or the back of ge.				
8.		understand this forgery is subject to investigation by local, state and/or federal law enforcement agencies. I may be equired to comply with a court order or subpoena to give testimony.				
9.	I understand making a false fines and/or by imprisonmer		ect to federal and/or state st	tatutes and may be punishable by		
	Sign your name five times:					
	3 ,					
State of		County of _				
Su	bscribed and sworn to before	me this day of _		,		
		Notary				
		riolary				